Government of the **2004** D-2441 SUB District of Columbia Child and Dependent Care Credit *042410210000* for Part-Year Residents OFFICIAL LISE ONLY NAME AS SHOWN ON FORM D-40 123456789 ABCDEFGHIJKLABCDEFGH YOUR SOCIAL SECURITY NUMBER Qualifying dependents Complete for all qualifying individuals for whom you claimed expenses on your federal Form 2441 ABCDEFGHIJKLABC ABCDEFGHIJKLABCDEFGH Α Social security number 123456789 Relationship to you ABCDEFGHIJKLABCDE To (MMDDYY) Lived in your household from MMDDYY MMDDYY M.I. ABCDEFGHIJKLABC Α ABCDEFGHIJKLABCDEFGH Social security number Relationship to you 123456789 **ABCDEFGHIJKLABCDE** Lived in your household from To (MMDDYY) MMDDYY MMDDYY First name M.I. Last name ABCDEFGHIJKLABC ABCDEFGHIJKLABCDEFGH Α Social security number Relationship to you 123456789 ABCDEFGHIJKLABCDE Lived in your household from To (MMDDYY) MMDDYY MMDDYY ABCDEFGHIJKLABC Α ABCDEFGHIJKLABCDEFGH Social security number Relationship to you **ABCDEFGHIJKLABCDE** 123456789 Lived in your household from To (MMDDYY) MMDDYY MMDDYY First name M.I. ABCDEFGHIJKLABCDEFGH ABCDEFGHIJKLABC Α Social security number Relationship to you 123456789 ABCDEFGHIJKLABCDE Lived in your household from To (MMDDYY) MMDDYY MMDDYY DC credit Round cents to the nearest dollar. Enter period you were a DC resident in 2004 (MMDD) From MMDD To MMDD If amount is zero, leave the line blank Total 2004 employment-related dependent care expenses. From federal Form 2441, Line 123456789.**00** 15 or total expenses paid from Line 6 2 Employment-related dependent care expenses paid in 2004 while you were a DC residence. 2 \$ 123456789.00 Divide Line 2 amount by Line 1. (This will be a decimal number, for example: 0.55.) 3 3 0.00 DC dependent care credit Multiply your allowable federal credit (from federal Form 2441, 123456789.00 4 \$ Line 9 or 1040A, Sch. 2, Line 9)) X .32 123456789.00 DC part-year dependent care credit Multiply Line 4 by Line 3 decimal. Enter amount on Line 25 of Form D-40. ATTACH THIS FORM TO YOUR FORM D-40. 2004 D-2441 SUB P1 Rev. 10/04

9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

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042410220000

\$ 123456.00

Dependent care expenses. Complete for all people or organizations who provided care during 2004 so that you could work or look for work. Round cents to the nearest dollar. From (MM/DD) To (MM/DD) Amount paid ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJKLA \$ 123456.00 MMDD MMDD Social security or Fed. employer ID number 12345ABCDEFGHIJKLABCDEFGH 123456789 If an individual, identify their relationship to you ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHI From (MM/DD) To (MM/DD) Amount paid ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJKLA MMDD \$ 123456.00 MMDD Social security or Fed. employer ID number 12345ABCDEFGHIJKLABCDEFGH 123456789 If an individual, identify their relationship to you ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHI From (MM/DD) To (MM/DD) Amount paid ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJKLA \$ 123456.00 MMDD MMDD Social security or Fed. employer ID number 12345ABCDEFGHIJKLABCDEFGH 123456789 If an individual, identify their relationship to you ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHI From (MM/DD) To (MM/DD) Amount paid \$ 123456.00 ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJKLA MMDD MMDD Social security or Fed. employer ID number 123456789 12345ABCDEFGHIJKLABCDEFGH If an individual, identify their relationship to you ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHI From (MM/DD) To (MM/DD) Amount paid ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJKLA \$ 123456.00 MMDD MMDD Social security or Fed. employer ID number 12345ABCDEFGHIJKLABCDEFGH 123456789

You must meet all of the following requirements to use this form:

You are a part-year resident of DC

If an individual, identify their relationship to you

6 Total expenses paid

You are filing a part-year D-40 return; and

ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHI

You were eligible to claim the child and dependent care credit on your federal return

If you are a full-year resident of DC, do not file this form - file Form D-40 to claim this credit

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